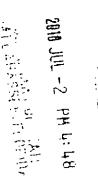
U16 0000 82264

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer: COOLI COURTS									
Office Use Only									



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B FIGUEROA JUL 0 9 2018



June 19, 2018

JARDEL HERMES PIZZOLATO BITTENCOURT 9368 ROYAL ESTATES BLVD ORLANDO, FL 32836

SUBJECT: PERFEKTTA WORLDWIDE, LLC

Ref. Number: L16000082264

We have received your document for PERFEKTTA WORLDWIDE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 518A00012765

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	Perfektta Worldwide LLC.							
	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to th	e following:					
Jarde	el Hermes Pizzolato Bittencourt							
	Name of Person	. .						
Perfe	ktta Worldwide LLC							
	Firm/Company							
9368	Royal Estates Boulevard							
	Address		_ 					
Orlan	do, Florida, 32836							
•	City/State and Zip Code		·····					
jarde	pizzolato@icloud.com							
E	-mail address: (to be used for future ann	ual report no	tification)					
For fu	ther information concerning this matter.	please call:						
Jarde	l Hermes Pizzolato Bittencourt	407	580-5606					
*****	Name of Person	•••	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS:		MAILING ADDRESS:					
_			Registration Section					
	Division of Corporations	Division of Corporations						
			P.O. Box 6327					
	Tallahassee, Florida 32301		fallahassee, Florida 32314					
	Enclosed is a check for the following	amount:						
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	me of the limited liability company: Perfektta World	twi	de, LLC.				
2. (a)	Perfektta Worldwide, LLC		(b) Perfektta Worldwide, LLC				
(_)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-		Mailing address of limited (Note: MAY BE POS	-		r.
	9368 Royal Estates Boulevard		9368 Rd	oyal Estates Boule	evard		
	Orlando, Florida, 32836	•	Orlando	, Florida, 32836			
	04/25/2016		L160000	82264			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Asselfis International, LLC						
J. (a)	Registered Agent and Registered Office shown on the records of the	Flo	orida Dept. of Stat	e:			
				_			
Registered Office Address (MUST BE FLORIDA STREET ADD			<u>ESS)</u>		- -	22	
	6735 Conroy Road, Suite 307			_		2018	•
	Orlando FL3	283	35			_!UL	·
(b)	Jardel Hermes Pizzolato Bittencourt			-		-2 F	1
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice	: ≇ddress:	_	. <u>=</u>	PH [
						۲: ۲:	
	NEW Registered Office Address:		·	_	J.m.	œ	
	9368 Royal Estates Boulevard						
	Orlando , FL 3	283	36				
the cha agent was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab relauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the line.	of the rotate of the control of the	the State of Flegistered office company, it is limited liabilitied liability cor	e and the business of s hereby confirmed t by company or as other npany.	fice of the control o	he regis hange(rovided	stered s) l in
Signat	ule of a member or authorized representative of a member	<u>_1</u>	AIGEL H	First Picco Printed or typed name of	f signce	DH	thould
the obli	ov accept the appointment as revistered agent and agree for of all statitues relative to the proper and complete positions of my position as registered agent as provided if y reflect a didinge in the registered office address. I he is writing of this change	e to erfo for i reb	act in this cap irmance of my in Chapter 602 y confirm that	acity. I further agreed duties, and I am fact 5, F.S. Or, if this doc the limited liahility o	e to com	ply with h and a s being has be	h the coept filed en
	Division of Corporations P.O. Bo	x 6	327● Tallahas	ssee, FL 32314			

FILING FEE: \$25.00

INHS18 (2/14)